

****Public Registration Opens****
Wed., January 2, 2019

Paoli Methodist Nursery School
81 Devon Road
Paoli, PA 19301
REGISTRATION FORM
2019 – 2020

1. NAME OF CHILD _____ Sex: M _____ F _____
2. We are interested in: 4 Year Old Program: _____ Five day _____ Four day (M-Th)
3 Year Old Program: _____ Five day _____ Three day (MWF) _____ Two day (T,Th)
2 Year 7 Month Program: _____ Two Day (T,Th) must be 2 by Feb. 15, 2019
January 2-day Program: _____ Two Day (T,Th) must be 2 by June 1, 2019
3. The name you want your child to recognize and be called _____
4. Present age _____ Birth date: Month _____ Day _____ Year _____
5. Age child will be September 1, 2019: Years _____ Months _____
6. Address _____
No. Street City Township Zip Code
7. Telephone Number _____ Cell Phone _____
8. Email _____
9. Previous school experience: Where _____ When _____
10. Father's Name _____ Occupation _____
Business Name _____ Address _____
Business Phone _____
11. Mother's Name _____ Occupation _____
Business Name _____ Address _____
Business Phone _____
12. Does either parent have a background in Elementary or Early Childhood Education?
Parent _____ Level _____
Highest Degree _____ Current Teaching Certificate _____ Yes _____ No
13. Are parents () together () divorced () separated () deceased
14. Other children in family: please give names and ages. _____

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16. Child's play interests _____

17. What contacts has child had with other children? _____

18. HEALTH HABITS:

Rest: A.M. awakening _____ Bedtime _____ Nap length _____

Elimination: Problems with toilet habits _____

List any pertinent birth information _____

List any serious accidents and dates _____

List any operations and dates _____

List any allergies _____

Describe any developmental issues requiring special attention _____

19. EMERGENCY NAMES TO BE CALLED IF NEITHER PARENT CAN BE REACHED.
PLEASE USE LOCAL NAMES ONLY

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

20. Family Doctor _____ Phone _____

21. Church Affiliation: Mother _____ Father _____

22. How did you hear about our school? _____

PARENT'S SIGNATURE _____ **DATE** _____

*Attach a registration fee of \$85.00 and return to school.

PLEASE NOTE: Application cannot be accepted unless registration fee is attached. **Registration fees and Tuition payments are NOT refundable.**

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FOR OFFICE USE ONLY

Date Application Received _____

Payment Received: Amount \$ _____

Check # _____